

FO40000002022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

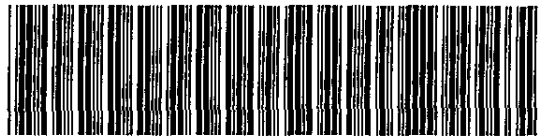
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900070427259

04/17/05--01023--009 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 17 PM 2:17

Ps 4/24/06  
M Kes.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Design Builders Group INC  
(Name of Corporation)

**DOCUMENT NUMBER:** F04000002022

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL AIGES  
(Name of Person)

Design Builders Group INC  
(Name of Firm/Company)

14511 Stirling Rd  
(Address)

South West Ranches FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL AIGES at (954) 868-4333  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT**  
**FOR A CORPORATION**

06 APR 17 PM 2:17

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

SAMUEL AIGES  
(Name of Registered Agent)

hereby resigns as Registered Agent for

Design Builders Group, Inc.  
(Name of Corporation)

FOH000002022

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Samuel Aiges  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314